



Redmond Lodging Tax Advisory Committee Application

NAME: _____ E-Mail: _____

HOME ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ BUSINESS PHONE: _____

CURRENT OCCUPATION: _____ EMPLOYER: _____

ARE YOU APPLYING AS A REPRESENTATIVE OF:

A. A BUSINESS THAT COLLECTS THE LODGING TAX ON THIS ADVISORY COMMITTEE YES NO

OR

B. AN ORGANIZATION INVOLVED IN ACTIVITIES AUTHORIZED TO BE FUNDED BY LODGING TAX REVENUES YES NO

NAME THE BUSINESS OR ORGANIZATION YOU ARE AFFILIATED WITH: _____

WHAT ARE THE REASONS YOU WISH TO SERVE ON THIS COMMITTEE?

WHAT EXPERTISE, EXPERIENCE OR SPECIAL INTEREST DO YOU BRING TO THIS POSITION?

DO YOU HAVE SUGGESTIONS ABOUT ACTIVITIES TO PROMOTE TOURISM IN REDMOND?

ARE YOU AVAILABLE FOR DAYTIME MEETINGS? _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN FORM, WITH COPY OF RESUME TO: CITY OF REDMOND, PLANNING DEPARTMENT, 4TH FLOOR SOUTH, 15670 NE 85TH STREET, REDMOND, OR MAIL TO: CITY OF REDMOND, 4SPL, P.O. BOX 97010, REDMOND, WA 98073-9710

FOR MORE INFORMATION CALL KAREN NOLZ IN THE PLANNING DEPARTMENT AT 425-556-2444 OR EMAIL
KNOLZ@redmond.gov